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OCT 25 2021

U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
CAPE GIRARDEAU

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI

Southeastern DIVISION

Christopher L. Robinson #1101162)
)
)
)

(Write the full name of the plaintiff in this action.
Include prisoner registration number.)

Case No: _____
(to be assigned by Clerk of District Court)

v.

Butler County Justice Center
Stephanie
Dr. Montgomery, John
Mike McMeans
Mike Jones

Plaintiff Requests Trial by Jury
☒ Yes ☐ No

(Write the full name of each defendant. The caption
must include the names of **all** of the parties.
Fed. R. Civ. P. 10(a). Merely listing one party and
writing "et al." is insufficient. Attach additional
sheets if necessary.)

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed without prepayment of fees and costs.

I. The Parties to this Complaint

A. The Plaintiff

Name: Christopher Lee Robinson

Other names you have used: Chris Robinson

Prisoner Registration Number: 1101162

Current Institution: Eastern Reception Diagnostic Correctional Center
2927 Hwy K
Boone Terre, MO 63628

Indicate your prisoner status:

<input type="checkbox"/> Pretrial detainee	<input checked="" type="checkbox"/> Convicted and sentenced state prisoner
<input type="checkbox"/> Civilly committed detainee	<input type="checkbox"/> Convicted and sentenced federal prisoner
<input type="checkbox"/> Immigration detainee	<input type="checkbox"/> Other (explain): _____

B. The Defendant(s)

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

Defendant 1

Name: Stephanie

Job or Title: Jail Nurse

Badge/Shield Number: _____

Employer: Butler County Justice Center

Address: 260 Phillip Kearbey lane Poplar Bluff, MO 63901

☒ Individual Capacity ☒ Official Capacity

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(IB Parties Continued:)

Defendant 3

Name: Mike McMeans

Job or title: COII / Reserve Deputy

Employer: Butler County Justice Center / Sheriff's Dept.

Address: 200 Phillip Hearbey Lane Poplar Bluff, MO 63901

☒ Individual Capacity

☒ Official Capacity

Defendant 4

Name: Mike Jones

Job or title: Was the COI Jail Administrator during said events

Employer: Butler County Justice Center / Sheriff's Dept

Address: 200 Phillip Hearbey Lane Poplar Bluff, MO 63901

☒ Individual Capacity

☐ Official Capacity

Defendant 5

Name: Butler County Justice Center

Job or title: Butler County Jail

Employer: Butler County Justice Center / Sheriff's Dept

Address: 200 Phillip Hearbey Lane Poplar Bluff, MO 63901

☐ Individual Capacity

☒ Official Capacity

Defendant 2

Name: John Montgomery

Job or Title: Jail Doctor

Badge/Shield Number: _____

Employer: Butler County Justice Center

Address: 200 Phillip Hearbey Lane Poplar Bluff, mo 63901



Individual Capacity



Official Capacity

II. Statement of Claim

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

①

~~Section I~~ Section II: Statement of Claim

On June 28th, 2020 I was booked into the Butler County Justice Center for a parole hold and a failure to appear on 2 second degree burglary charges. Upon booking while taking my fingerprints and processing me into the jail I informed the booking officer that I was HIV positive. After I was booked I was placed in C-pod of the jail. On June 29th I walked up to the intercom in the wing and told the officers in the Control Room that I wanted to self declare because I was bleeding out of 2 half Dollars size holes out of my legs. (Left front thigh and Right back thigh) I was told to take a shower and to cover the sores with toilet paper. On or about July 2nd 2020 I put in a medical Request form to the nurse asking if I could be seen by the nurse or the doctor about my HIV and possibly be put on the phone with the health Dept. I never got a response from that medical Request form.

On or about July 18th 2020 I was having Problems with infections all over my chest, Back and face that was bleeding & Rassing. Also I had Thrush in my mouth and esophagus As well as yeast infection in my esophagus and my gums were swollen and bleeding and my right eye was having black floaters in it. The nurse Put me in to see the doctor

②

Section II: Statement of Claim

(continued)

→

And prescribed me some mouthwash. And gave me some non prescription eye drops. All she gave me for the sores on my neck, face back and chest was a handful of band-aids

Note: While all this was going on there is black mold in the shower, there is no cleaning solutions to clean the pots with only water and a bucket with mops that never get washed. The trustees were prohibited from putting bleach in the water even though people had staph & there was a Covid crisis going on. I was charged \$15 dollars for the doctor to see me plus \$5 for every individual item they gave me to help with my individual illnesses.

Then on or about July 25th 2020 or 26th 2020 I was told by the nurse that I was going to see a Miss Katrina Huskey from the health dept in Butler County. The whole time I'm telling the nurse that I'm losing sight in my right eye. She just keep charging me more money for medications without seeing a doctor. Making it impossible for me to have someone put money on my account where I can buy soap & other hygienic item to keep myself clean. And on top of me bleeding all over myself

(3)

Section II Statement of Claim

(continued)

→ everyday all day is we only get 1 pair of clothes and they only do laundry like twice a month. So I'm just walking around in bloody uniforms with all kinds of infections.

On or about Aug 15th 2020 I could no longer see out of my right eye and it was causing me pain like a burning itching sensation. I was seen by the Jail doctor (John Montgomery) and was still having yeast & thrush & sores on my skin so he asked me if I was allergic to any medications & I informed him that six months prior to coming to jail I had an allergic reaction to bactrim that caused me to go to hospital. I signed a medical information sharing paper for Poplar Bluff Regional hospital so he could obtain those records and he put me on an antibiotic. Come to find out he put me on bactrim anyway. I had another reaction that caused the jail to call an ambulance & have me taken to the emergency room to get benedryl shots & steroid shots along with them giving me inflammatory shot to open my lung's back up

(4)

Section II: Statement of Claim
(continued)

5

Then on or about Aug 22nd 2020 I was seen by Katring huskey & was given blood tests. My results came back that I had syphilis, Hepatitis C & now I was full blown Aids. My public Defender filed a motion for a medical Bond due to the Jail letting my health deteriorate. Never happened because the Jail nurse told the Judge that they had it under control. On ~~October~~ November 3rd I was finally taken to a doctor Tyler Kramer, OD med Lic# 2004003243 and was given NP Medical Eye Exam - level 4/09204. And my Diagnosis was

(H20.011 Primary iridocyclitis, Right eye
H21.511 Anterior Synechiae (Iris), Right eye
Uveitis, Right eye)

I was prescribed:

- ① Prednisolone 1 drop every hour in Right eye
- ② Atropine 1 drop morning & night in Right eye

And was rescheduled for a recheck in 2 weeks. I was never took back to the eye doctor and I'm still blind in my right eye. Also I was billed by the doctor's office and by the County Jail. So I was double billed making it impossible to buy soap & other Hygiene

⑤

Section II: Statement of Claim (continued)

Also I was told on or about Oct 2020 that I had gotten rid of my syphilis by Stephanie the jail nurse. But on Sept 10th 2021 I was informed by a prison nurse that I still had syphilis and was given a shot of Penicillin on Sept 20th 2021 around 2:00. Witness would be my celly Keon Allen. Also I wrote a couple letters to Katrina Huskey at the Butler County Health Dept telling her about all of these things that occurred.

1st Penicillin shot: Sept 20th 2021

2nd Penicillin shot: October 5th 2021

3rd Penicillin shot: October 18th 2021

Signed X Chris Robinson

X Chris Robinson

Date: October 18th 2021

Shots
for
syphilis
in DOC

Notes: the nurse who notified me that I still had syphilis and also gave me the Penicillin shots was the male nurse Cody at Boone Terre Eastern Reception + Diagnostic Correctional Center

Tyler Kramer
573-686-3991**COVID-19 is an emerging, rapidly evolving situation.**

x

Get the latest public health information from CDC: <https://www.coronavirus.gov>Get the latest research information from NIH: <https://www.nih.gov/coronavirus>[Home](#) → [Medical Encyclopedia](#) → UveitisURL of this page: [//medlineplus.gov/ency/article/001005.htm](https://medlineplus.gov/ency/article/001005.htm)

Uveitis

Uveitis is swelling and irritation of the uvea. The uvea is the middle layer of the eye. The uvea provides most of the blood supply to the retina.

Causes

Uveitis can be caused by autoimmune disorders. These diseases occur when the body's immune system attacks and destroys healthy body tissue by mistake. Examples are:

- Ankylosing spondylitis
- Behcet disease
- Psoriasis
- Reactive arthritis
- Rheumatoid arthritis
- Sarcoidosis
- Ulcerative colitis

① Use Prednisolone every hour
in the right eye.

② Use Atropine morning + night
in the right eye.

Return for recheck in 2 weeks

Uveitis can also be caused by infections such as:

- AIDS
- Cytomegalovirus (CMV) retinitis
- Herpes zoster infection
- Histoplasmosis
- Kawasaki disease

(Please Return this copy)
Cindi Bowman
Current Count



TYLER TINSLEY KRAMER, OD
 225 Physicians Park Dr. - Suite 107
 Poplar Bluff, MO 63901
 573.686.3991

Patient: Robinson, Christopher
 Relation to Insured:
 Initial Date of Illness: 11/03/20
 Today's Date: 12/16/20

Insured: Robinson, Christopher
 Insured SSN:
 First Visit: 20201103

Patient Diagnosis

H20.011 Primary iridocyclitis, right eye
 H21.511 Anterior synechiae (iris), right eye

Date	Description	Charge
11/03/20	NP Medical Eye Exam - Level 4 99204	195.00

*Returned for
 was never rescheduled Appointment*

TOTAL: \$ 195.00

Notes:

(Please Return this Copy)

was double billed

Kramer, OD.
 Lic. #: 2004003243

TAX #: 261432994
 NPI #: 1326228578

Resident Transaction Receipt (Reprint)
Thursday, January 07, 2021 @08:29

Officer: COMISARY Station: 009 Drawer:
Transaction #: 100949366 Timestamp: Jan 07, 2021 08:24:30
CIN: Name: ROBINSON, CHRISTOPHER LEE
124116

Reference:

Description:
KRAMER FAMILY VISION

Block: Tier: Cell: DOB:
C 202 Dec 21, 1985

Trans Type: Date: Amount: Current Funds:
OUT MED VIST Jan 07, 2021 \$ 195.00 \$ 0.00

Resident Sig _____ Date _____

Authorized Sig _____ Date _____

was double billed I was already
billed by Tyler Kramers office
Why did the county bill me
Because they didnt pay the bill
at Tyler Kramers office I was
billed personally from the
doctor's office

(Please Return this copy)

III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

my injuries is that Im now blind in my right eye and I was rescheduled for a follow up with eye doctor tyler Kramer but was never took. also Ive been in pain everytime I urinate from the syphilis that the Jail did not treat & they lied to me & told me I got rid of it And also severe scarring to my 4 face back & chest And I still have syphilis being treated now by Dept of Correction's

IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages. I want all my expenses paid plus

1.5 million dollars. The reason I want this amount is because I was certified in construction clean-up at 30¢ an hour and now I am disabled by my sight and can no longer do these things and also for the pain + suffering and humiliation that I went through because of the syphilis + because of the boils all over my body + the humiliation I had to go through of having to walk around in bloody clothes

V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes ☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

Butler County Justice Center

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☐ Yes ☒ No ☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes ☐ No ☐ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

I did it on Plain Paper to Mike Jones & Mike McMeans

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

I wrote to Mike Jones & Mike McMeans on paper as well as my Butler County health Katrina Huskey she has copy

2. What did you claim in your grievance? (Attach a copy of your grievance, if available)

I wrote to her & told her that everything the jail & everyone was doing
Butler County
573-840-8478
Health Dept

3. What was the result, if any? (Attach a copy of any written response to your grievance, if available)

nothing my health dept worker Katrina Huskey forwarded the complaint to her supervisor.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Mike Jones & Mike McMeans were both aware of the situation by numerous complaints I wrote them but the grievances went nowhere.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I didn't file a formal grievance in the jail because they don't have a actual grievance procedure. They just read them and throw them away.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I informed Katrina Huskey (573-840-8478) by mail & phone & she forwarded my letter to her area supervisors

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I informed Mike Jones & Mike

Means several times & was told by Mike Jones that I was lucky he was ever nice to me. Witness: James Cummings

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VI. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this “three strikes rule”?

☐

Yes

☒

No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court’s order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐

Yes

☒

No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff _____

Defendant(s) _____

2. Court (*if federal court, name the district; if state court, name the state and county*)

3. Docket or case number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____
6. Is the case still pending?
- ☐ Yes
- ☐ No (*If no, give the approximate date of disposition*): _____
7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?
- ☐ Yes ☒ No
- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1. Parties to the previous lawsuit
- Plaintiff _____
- Defendant(s) _____
2. Court (*if federal court, name the district; if state court, name the state and county*)
3. Docket or case number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____

6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18th day of October, 2021.

Signature of Plaintiff

Christopher Robinson